

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F96000006455

1. Entity Name  
KPSCD, INC.



Principal Place of Business  
1600 ARCH ST.  
STE 300  
PHILADELPHIA, PA 19103

Mailing Address  
1600 ARCH ST.  
STE 300  
PHILADELPHIA, PA 19103



03262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-2858090

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000905474  
05/01/08-80056-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KEATING, DANIEL J III  
STREET ADDRESS 1515 LAFAYETTE ROAD  
CITY-ST-ZIP GLADWYNE, PA

TITLE V  
NAME SENCINDIVER, MICHAEL V  
STREET ADDRESS 717 MAIN STREET  
CITY-ST-ZIP RIVERTON, NJ

TITLE SD  
NAME MARTIN, DENNIS A  
STREET ADDRESS 1600 ARCH ST., STE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE D  
NAME JACOBY, F W  
STREET ADDRESS 1900 MARKET STREET  
CITY-ST-ZIP PHILADELPHIA, PA

TITLE T  
NAME COCCHIA, PETER T  
STREET ADDRESS 455 CHURCH ROAD  
CITY-ST-ZIP DEVON, PA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

Dennis A. Martin, Secretary

4/14/08

610-660-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #